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PTO Registration 41,595

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BOX PCT (National Stage)
Commissioner of Patents and Trademarks
Washington, D.C 20231

Re: Revocation of Power of Attorney

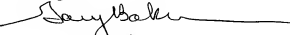
Dear Commissioner,

As another attorney has taken over responsibilities for this case, please register revocation of my power of attorney in the case of PCT national stage application number 09/914,913.

Attached are copies of revocation forms signed by each of the inventors of record.

Inventors: Peter Beyer - German National
Ingo Potrykus - German National
Applicant: Syngenta Corporation
Title: Method for Improving the Agronomic and Nutritional Value of Plants
Priority: March 5, 1999
Application: International Application Number PCT/EP00/01850
Filing Date: March 3, 2000
Application: 09/914,913

Best Regards,


Gary Baker, Esq.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/914,913
	Filing Date	12/17/2001
	First Named Inventor	PETER BEYER
	Group Art Unit	1635
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

PETER BEYER

Signature

[Handwritten Signature]

Date

May 15, 2002

NOTE: Signatures of all the inventors or assignees of record of this entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/914,913
Filing Date	12/17/2001
First Named Inventor	INGO POTRYKUS
Group Art Unit	1635
Examiner Name	
Attorney Docket Number	

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	INGO POTRYKUS
Signature	<i>Ingo Potrykus</i>
Date	MAY 15 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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